# GOVERNORS STATE UNIVERSITY COLLEGE OF HEALTH PROFESSIONS DIVISION OF HEALTH AND HUMAN SERVICES ALCOHOLISM SCIENCES

#### COURSE SYLLABUS

COURSE TITLE:

INTERNSHIP

COURSE NUMBER:

HLSC 88D

FOR:

Graduate Students

INSTRUCTOR:

Cheryl L. Mejta, Ph.D.

TIME:

By Arrangements

OFFICE:

F 1103

OFFICE HOURS:

Mondays 2:00-4:30 p.m.; Thursdays 4:30-7:00 p.m.;

Other hours by appointment

OFFICE PHONE:

(312) 534-5000, ext. 2139

TRIMESTER:

Fall 1987

#### COURSE DESCRIPTION:

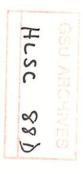
The internship is considered to be the culmination of your formal training as an Alcoholism/Substance Abuse Specialist. At this juncture, a high degree of competency is expected and each student will be required to adequately display his/her level of competence. Students can specialize in Alcoholism/Substance Abuse Counseling, Administration, Research, Prevention or Education. It is expected that internship sites will adequately meet specialization needs.

#### TIME REQUIREMENT:

For each credit hour, a student is expected to spend 40 clock hours at the internship site. In addition to the intership hours each student is required to attend two hours of seminar every two weeks. Seminar is a separate one-hour graded experience which is independent of the time you spend at your sites.

COMPETENCIES: Upon completion of the internship, the student is able to:

- Present him/herself as a Professional in the alcoholism/substance abuse field.
- 2) Demonstrate skills appropriate to his/her speciality (e.g., counseling, administration, prevention, etc.).



3) Keep detailed reports of clinical and administrative work performed (e.g., clinical charts, administrative policies, etc.).

- 4) Evaluate treatment effectiveness.
- 5) Evaluate agency effectiveness.

#### **EVALUATION:**

- 1. Participation and attendance: Attendance and participation at the internship sites are mandatory.
- Logs (see sample sheets): You are required to pass in detailed logs of your on-site activities every 2 weeks. You may use the sample sheets or any reasonable facsimile.
- 3. Counseling Notes (see sample sheets): You are required to keep counseling notes on an individual or group counseling session on a weekly basis. These are to be submitted every two weeks.
- 4. Supervisory Appointment: All students are required to make and keep one supervisory appointment with the instructor.
- 5. Evaluation by Clinical Site Supervisor: Your clinical site supervisor will complete the attached intern evaluation form. This evaluation will be used in determining your final grade.

Grades will be assigned on an A, B, C, D, F, I scale.

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			Date												
Professor			Intern												
On-Site Supervisor			Internship Site												
	1	INTERN EV	ALUATIO	FORM											
please complete this evaluation included in the overall evaluations on compute asset	ition f luation ssments	orm and of the Thank	return student' vou fo	it to my ( s progress r vour val	erience of the above student, office. This report will be as a counselor trainee along uable assistance in providing nued support of our practicum										
Please evaluate the studen applicable):	t's pe	rformanc	e on ea	ch of the	following activities (where										
Place X Along Scale:	Poor	Average	Above Average	Excellent	Comments										
1. A. Individual Counseling															
B. Group Counseling															
C. Consultation															
D. Testing & Approach															
E. Intake															
F. Drinking History															
G. Relations With Staff															
H. In-Service Training															
I. Staffings/Meetings															
J. Other (Explain):															
2. Overall Performance															

Stu	dent	<del>-</del>		Date	— <u>S</u> i	perviso	r		<del>-</del>		Date	
<b>!</b>	I waive my	right to	review th	is eval	uation.							
	I have had						n and a	m awar	e of i	ts c	ontent.	
ADE	DITONAL COMMEN	TS:										
4.	If you were i	in a posit /her?	ion to add	d this	person	to your O	staff	would	you f	eel	comfortab <sup>1</sup>	le
J.	rocential as c	i ideale e	,0411301017		•							
2	Potential as a	a future c	ounselor/a	ddicti	ons spe	cialist.						

## DIVISION OF HEALTH AND HUMAN SERVICES COLLEGE OF HEALTH PROFESSIONS GOVERNORS STATE UNIVERSITY

	Session
	Date
	COUNSELING NOTES
1.	Briefly describe what took place during the session.
2.	What behavior or behaviors do you perceive as causing concern?
3.	Were any decisions or alternatives discussed or made for next session?
4.	What is the therapy goal for the next session?
5.	What techniques or interventions do you perceive as applicable at this time?
6.	What are your feelings concerning this session? Critique your own behavior.
7.	Other comments:

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#### WEEKLY COUNSELING LOG

Date	lame															
Setting																
Week # (I		te	# 0	of F	lour	·s/k	leek	ζ.								
Activity	1	2	3	4	5	6	_7	8	9	10	11	12	13	14	15	Total
Counseling - Individual																
Counseling - Group																
Counseling - Staff									_							
Counseling - Parents																
Counseling - Community																
Assessment			,													
Career Education & Guidance																
Program Development																
Planning & Coordination																
Evaluation & Reporting			L												,	
Your work (writing notes, reviewing cases, etc.)																
In Supervision (include seminar	)										İ					
List (by initial) persons counseled this week and the dates:														] 		
dates.															) 	
																) [
			'							'						
Weekly Total Hours	-						,				-	-				

GRAND TOTAL